Safeguarding Children/Child Protection Policy

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| EYFS: 3.4-3.18, 3.19, 3.21, 3.22 |

At **Happy Kid’s Face Limited** we work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children’s health and development. In our setting we strive to protect children from the risk of radicalisation and we promote acceptance and tolerance of other beliefs and cultures (please refer to our inclusion and equality policy for further information). Safeguarding is a much wider subject than the elements covered within this single policy, therefore this document should be used in conjunction with the nursery’s other policies and procedures. Safeguarding children is everybody’s responsibility. At **Happy Kid’s Face Limited** all staff, students, any supply staff and visitors are made aware of and adhere to, the policy.

Safeguarding is a much wider subject than the elements covered within this single policy, therefore this document should be used in conjunction with the nursery’s other policies and procedures including:

* Online safety
* Human Trafficking and Modern Slavery
* Prevent Duty and Radicalisation
* Domestic Abuse, Honour Based Abuse (HBA) and Forced Marriage
* Looked After Children
* Monitoring staff behaviour
* Social networking
* Mobile phone and electronic device use
* Safe recruitment of staff
* Disciplinary
* Grievance
* Promoting positive behaviour

**Legal framework and definition of safeguarding**

* Children Act 1989 and 2004
* Childcare Act 2006 (amended 2018)
* Children and Families Act 2014
* Convention on the Rights of the Child, UNICEF 1989
* Safeguarding Vulnerable Groups Act 2006
* Children and Social Work Act 2017
* The Statutory Framework for the Early Years Foundation Stage (EYFS) 2021
* Working Together to Safeguard Children 2018
* Keeping Children Safe in Education 2020
* Data Protection Act 2018
* What to do if you’re worried a child is being abused 2015
* Counter-Terrorism and Security Act 2015.
* Inspecting Safeguarding in Early years, Education and Skills settings 2019
* Prevent Duty 2015
* Freedom of Information Act 2000
* The Human Rights Act 2000
* Equality Act 2010
* London Child Protection Procedures 2014 and Practice Guidance
* Safeguarding and Vulnerable Groups Act 2006
* Statutory framework for the Early Years Foundation Stage 2017

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

* Protecting children from maltreatment
* Preventing the impairment of children’s health or development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
* Taking action to enable all children to have the best outcomes.

*(Definition taken from the HM Government document ‘Working together to safeguard children 2018).*

This document sets out the statutory responsibilities and guidance for practitioners and includes:

* a definition of safeguarding and child protection
* categories and indicators of abuse and neglect
* Single Point of Access (SPA) and local authority designated officer (LADO)
* what to do if you have concerns
* roles and responsibilities
* record keeping
* safeguarding processes flowchart
* contact details

**Policy intention**

To safeguard children and promote their welfare we will:

* Create an environment to encourage children to develop a positive self-image
* Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
* Ensure all staff are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take
* Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
* Provide a safe and secure environment for all children
* Promote tolerance and acceptance of different beliefs, cultures and communities
* Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
* Always listen to children
* Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
* Share information with other agencies as appropriate.

The nursery staff are aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our practitioners have a duty to protect and promote the welfare of children. Staff working on the frontline with children and families are often the first people to identify a concern, observe changes in a child’s behaviour or receive information relating to indicators of abuse. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child’s behaviour which may indicate abuse.

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for Children’s Social Care, family support, health professionals including health visitors or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

The nursery aims to:

* Keep the child at the centre of all we do, providing sensitive interactions that develops and builds children’s well-being, confidence and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships.
* Ensure staff are trained right from induction to understand the child protection and safeguarding and child protection policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children (peer on peer) through bullying or discriminatory behaviour
* Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families; including the impact of toxic trio on children and Adverse Childhood Experiences (ACE’s).
* Ensure that all staff feel confident and supported to act in the best interest of the child; maintaining professional curiosity around welfare of children and share information, and seek the help that the child may need at the earliest opportunity.
* Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures, including thorough annual safeguarding newsletters and updates
* Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the London Borough of Richmond upon Thame
* Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
* Keep the setting safe online, we refer to 'Safeguarding children and protecting professionals in early years settings: online safety considerations and use appropriate filters, checks and safeguards, monitoring access at all times and maintaining safeguards around the use of technology by staff, parents and visitors in the setting.
* Ensure that children are never placed at risk while in the care of nursery staff.
* Identify changes in staff behaviour and act on these as per the Staff Behaviour Policy
* Take any appropriate action relating to allegations of serious harm or abuse against any person working with children or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities including the local authority.
* Ensure parents are fully aware of our safeguarding and child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
* Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by the London Borough of Richmond upon Thame of local authority

**Contact telephone numbers**

Local authority children’s social care team

Kingston or Richmond – contact the Single Point of Access on 020 8547 5008 (8am to 5.15pm, Monday to Thursday, and 8am to 5pm on Friday. Out of hours, phone 020 8770 5000.)

If you need to speak to someone urgently outside of office hours, please call the Duty Social Worker on 020 8770 5000

### In an emergency: If you think a child is in immediate danger you should call 999.

Local authority Designated Officer (LADO)

please phone the Local Authority Designated Officer (LADO) on 020 8891 7370

Online Referral form

[Kingston and Richmond](https://www.richmond.gov.uk/services/children_and_family_care/single_point_of_access/single_point_of_access_for_professionals/make_a_referral_to_spa) (form hosted on the Richmond Council website for both boroughs)

<https://www.richmond.gov.uk/services/children_and_family_care/single_point_of_access/single_point_of_access_for_professionals/make_a_referral_to_spa>

Early Years Team

Achieving for Children

Providing children’s services for Kingston and Richmond

Phone: 020 8547 5215 (Kingston FIS) 020 8547 5215 (Richmond FIS)

Email: early.years@achievingforchildren.org.uk

Council of Richmond Borough

Main Council Telephone: 020 8891 1411

[Out of hours emergencies](https://www.richmond.gov.uk/services/environment/emergency_planning): 020 8744 2442

NSPCC **0808 800 5000**

Local Safeguarding Partner’s

KRSCPB

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/contact-us.php>

If you would like to contact the Kingston and Richmond Safeguarding Children Partnership you can do so via:

Tel: 07834 386459

Email: lscb-support@kingrichlscb.org.uk

Or write to us at:

Kingston & Richmond Safeguarding Children Partnership

c/o London Borough of Richmond upon Thames

44 York Street (Ground Floor)

Twickenham

TW1 3BZ

Ofsted **0300 123 1231**

Emergency police **999**

Non-emergency police **101**

Government helpline for extremism concerns **020 7340 7264**

Child exploitation and Online protection command (CEOP) **https://www.ceop.police.uk/safety-centre/**

**Types of abuse and particular procedures followed**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or more rarely, a stranger.

This could be an adult or adults, another child or children.

*What to do if you’re worried a child is being abused (advice for practitioners) 2015* and *Working Together to Safeguard Children (2018)*

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

**Types and Indicators of child abuse**

It is vital that staff are aware of the range of physical and behavioural indicators of abuse and report any concerns to the safeguarding and child protection designated lead. It is the responsibility of the childcare setting to report concerns, but that it is not their responsibility to investigate or decide whether a child has been abused. Indicators could take a number of forms, and individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of the picture, and each piece of information will help the safeguarding and child protection designated lead decide how to proceed. The setting does not need absolute proof that the child is at risk to act.

* Failure to thrive and meet developmental milestones
* Fearful or withdrawn tendencies
* Unexplained injuries to a child or conflicting reports from parents or staff
* Repeated injuries
* Unaddressed illnesses or injuries
* Significant changes to behaviour patterns.

**Physical abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Non-Mobile Babies

Be extremely cautious if non-mobile babies have suspicious physical marks or bruises and seek advice immediately.

All children can suffer injuries during their early years as they explore and develop. If an explanation of how a child received their injury doesn’t match the injury itself or if a child’s injuries are a regular occurrence or there is a pattern to their injuries, then we will report our concerns.

Physical abuse

• Injuries which the child cannot explain, or explains unconvincingly

• untreated injuries or injuries that have been treated inadequately

• injuries on parts of the body where accidental injury is unlikely, such as the cheeks, chest or thighs

• bruising in babies and in children who are not independently mobile

• bruising to the face, back, abdomen, arms, buttocks, ears and hands

• bruising which reflects an imprint – of an implement or cord, or hand or finger marks

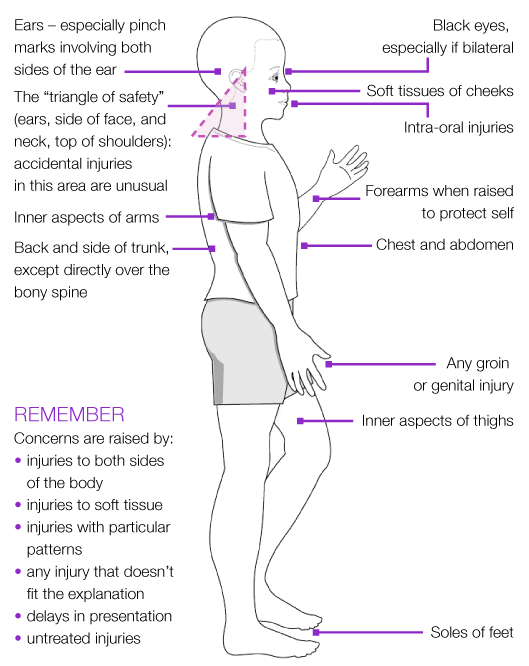
• multiple bruises – in clusters or of uniform shape

• human bite marks

• fractures in children under 18 months

• fractures that are inconsistent with the child's developmental stage

• scalds, especially those with upward splash marks where hot water has been deliberately thrown over the child, or tide marks – rings on the child's arms, legs or body where the child has been made to sit or stand in very hot water



• multiple burns, burns with a clearly defined edge and burns affecting unusual areas of the body such as the back, shoulders or buttocks

Behavioral Issues

• reluctance to have their parents contacted

• aggressive behavior or severe temper outbursts

• running away or showing fear of going home

• flinching when approached or touched

• reluctance to get undressed for sporting or other activities where changing into other clothes is normal

• covering arms and legs even when hot

• depression or moods which are out of character with the child's general behavior

• unnatural compliance with parents or carers

• The NSPCC collect national statistics about Physical Abuse that show the numbers of children and young people who have reported abuse and have resources for professionals.

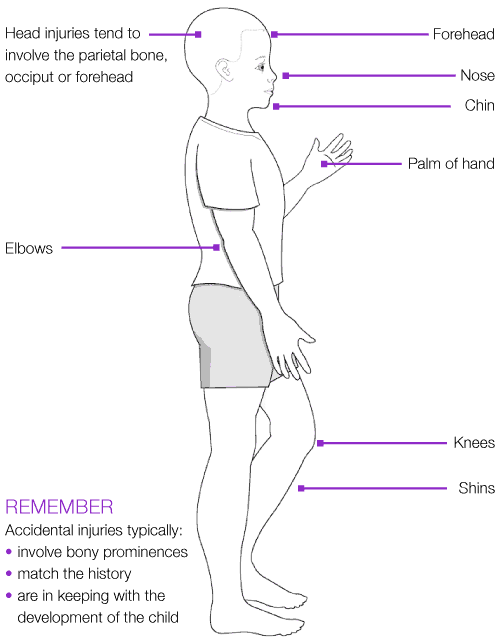
[LSCB Protocol for Assessment, Management and Referral by Professionals for Bruising in Pre-Mobile Babies](http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/Kingston%20%26%20Richmond%20LSCB%20Bruising%20Protocol%20%20Feb%202017.pdf) [and Non-Mobile Children with Disabilities](http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/Kingston%20%26%20Richmond%20LSCB%20Bruising%20Protocol%20%20Feb%202017.pdf)

**Diagrams of Accidental and non-accidental injuries**

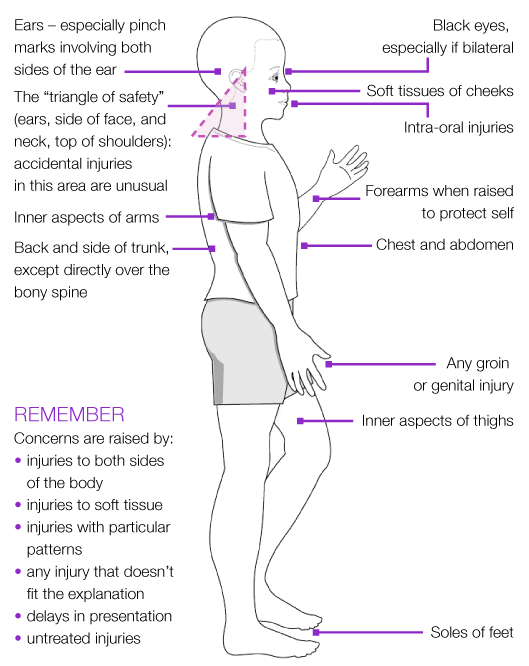
Please note that the diagrams above show only the common places for certain types of injuries.

Both accidental and non-accidental injuries can occur ANYWHERE on the body

**ACCIDENTAL**



**NON-ACCIDENTAL**



**Fabricated illness**

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The parent or carer may seek out unnecessary medical treatment or investigation; they may exaggerate a real illness and symptoms or deliberately induce an illness through poisoning with medication or other substances or they may interfere with medical treatments. Fabricated illness is a form of physical abuse and any concerns will be reported, in line with our safeguarding procedures.

**Emotional abuse**

Working Together to Safeguard Children (2018) defines emotional abuse as the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs and indicators may include:

* Physical, mental and emotional development lags
* Sudden speech disorders
* a failure to grow or thrive
* stress related illnesses (e.g. eating disorders)
* delayed development – physical or emotional
* Overreaction to mistakes
* continually putting themselves down
* Extreme fear of any new situation
* Neurotic behaviour (rocking, hair twisting, self-mutilation)
* Extremes of passivity or aggression
* Appear unconfident or lack self-assurance
* the child seeing themselves as unworthy of love and affection
* excessive lack of confidence, (not just shyness), or low self esteem
* compulsive nervous behavior
* self-harming
* wetting or soiling
* excessive need for approval, attention or affection

Action will be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection. Children may also experience emotional abuse through witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

**Softer signs of abuse** as defined by National Institute for Health and Care Excellence (NICE) include:

Emotional states:

* Fearful
* Withdrawn
* Low self-esteem.

Behaviour:

* Aggressive
* Oppositional habitual body rocking.

Interpersonal behaviours:

* Indiscriminate contact or affection seeking
* Over-friendliness to strangers including healthcare professionals
* Excessive clinginess, persistently resorting to gaining attention
* Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
* Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
* Coercive controlling behaviour towards parents or carers
* Lack of ability to understand and recognise emotions
* Very young children showing excessive comforting behaviours when witnessing parental or carer distress

**Neglect**

Working Together to Safeguard Children (2018) defines Neglect as the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

a. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)

b. Protect a child from physical and emotional harm or danger

c. Ensure adequate supervision (including the use of inadequate caregivers)

d. Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child’s needs.

Physical signs:

• abnormal growth including failure to thrive

• underweight or obese

• recurring infection

• unkempt dirty appearance

• smelly

• inadequate and/or unwashed clothes

• hunger

• lack of adequate supervision

Behavioural signs:

• attachment disorders

• indiscriminate friendliness

• poor social relationships

• poor concentration

• developmental delays low self esteem

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Action will be taken if the staff member has reason to believe that there has been any type of neglect of a child.

**Sexual abuse**

Sexual abuse involves forcing, or enticing, a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.

Action must be taken if a staff member witnesses an occasion(s) where a child indicates sexual activity through words, play, drawing, has an excessive preoccupation with sexual matters; or has an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls/toys or in the role-play area with their peers; drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

If a child is being sexually abused staff may observe both emotional and physical symptoms.

Emotional signs:

* Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
* Personality changes such as becoming insecure or clingy
* Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
* Sudden loss of appetite or compulsive eating
* Being isolated or withdrawn
* Inability to concentrate
* Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer
* Becoming worried about clothing being removed
* Suddenly drawing sexually explicit pictures or acting out actions inappropriate for their age
* Using sexually explicit language
* Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy

Any concerns about a child or family will be reported to the children’s social care team

**Children in specific circumstances**

Listed below are some areas which may or may not apply to your group. They are listed here because children/young people affected by these areas might be more vulnerable to harm or abuse and significant harm is always a very real risk for these children. A high degree of awareness and co-operation between professionals is essential in recognising and identifying their needs and in acting to meet those needs.

**Peer-on-peer abuse**

We are aware that peer-on-peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. We will report this in the same way we do for adults abusing children, and will take advice from the appropriate bodies on this area; to support for both the victim and the perpetrator, as they could also be a victim of abuse. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

**Preventing and responding to Bullying**

Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for the victims to defend themselves.

The damage inflicted by bullying is often underestimated. It can cause considerable distress to children, to the extent that it affects their health and development and can be a source of significant harm, including self-harm and suicide. Professionals should be aware that bullying can rapidly escalate into sexual or serious physical or emotional abuse.

Bullying can take the following forms: physical abuse (e.g. hitting or kicking); verbal or mobile telephone / online (internet) message abuse (e.g. racist, sexist or homophobic name-calling or threats); mobile telephone or online (internet) visual image abuse – these can include real or manipulated images; emotional abuse (e.g. isolating an individual from the group or emotional blackmail).

Bullying (including cyberbullying) was the third most common primary concern for children and young people contacting Childline during 2015–2016 (NSPCC, 2016)

 More information:

Young Minds [https://youngminds.org.uk/find-help/feelings-and-](https://youngminds.org.uk/find-help/feelings-and-symptoms/bullying/?gclid=EAIaIQobChMIhIKi36rD1wIV6LztCh0mQQMvEAAYAyAAEgLsw_D_BwE)

[symptoms/bullying/?gclid=EAIaIQobChMIhIKi36rD1wIV6LztCh0mQQMvEAAYAyAAEgLsw\_D\_BwE](https://youngminds.org.uk/find-help/feelings-and-symptoms/bullying/?gclid=EAIaIQobChMIhIKi36rD1wIV6LztCh0mQQMvEAAYAyAAEgLsw_D_BwE) Kingston and Richmond LSCB Website:

<http://kingstonandrichmondlscb.org.uk/children-young-people/anti-bullying-advice-11.php>

**Disabled children**

Any child with a disability is by definition a ‘child in need’ under section 17 of the Children Act 1989. This means that Local Authorities have a legal duty to support them and their families to ensure that they are safeguarded and that their needs are met.

Research suggests that children with a disability are three to four times more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability (Ofsted 2012). The increased vulnerability is attributed to risk factors such as: increased likelihood of being socially isolated; dependency on parents and carers for practical assistance in daily living, including intimate personal care; an impaired capacity to resist or avoid abuse; possible communication barriers, such as speech impairments; limited access to someone they can trust to disclose that they have been abused. Evidence also indicates that disabled children are especially vulnerable to bullying and intimidation.

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves

 Safeguarding Disabled Children: Practice guidance:

<https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance> Contact a Family:<http://www.cafamily.org.uk/professionals/>

**Female genital mutilation/cutting (FGM) and Breast Ironing**

FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such.

Female genital mutilation (FGM) is a collective term for procedures that remove part or all of the external female genitalia for cultural or other non-medical reasons. The age at which girls are subjected to female genital mutilation varies greatly, from shortly after birth to any time up to adulthood, with the average age being 4 to 13 years.

A child for whom FGM is planned is at risk of significant harm through physical abuse and emotional abuse. Health implications can range from severe pain and emotional / psychological trauma to death from blood loss or infection.

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003

and makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

Amendments to the act from the **Serious Crime Act 2015 now includes**

a mandatory duty requiring regulated health and social care professionals and teachers to report known cases of FGM in under-18s.

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death (definition taken from the Multi-agency Statutory Guidance on Female Genital Mutilation)

The procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman’s first pregnancy and varies widely according to the community.

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause:

• Severe pain

• Shock

• Bleeding

• Infection such at tetanus, HIV and hepatitis B and C

• Organ damage

• Blood loss and infections

• Death in some cases

In the case of suspected FGM must not contact parents before seeking advice from SPA or mediate between the children and their parents.

We have a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18.

**Breast Ironing**

Breast Ironing also known as "Breast Flattening" is the process whereby young pubescent girl’s breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education.

Much like FGM is Breast Ironing is a harmful practice and is child abuse, classified as physical abuse.

Breast Ironing/Flattening is a form of physical abuse and can cause serious health issues such as:

* Abscesses
* Cysts
* Itching
* Tissue damage
* Infection
* Discharge of milk
* Dissymmetry of the breasts
* Severe fever.

Any concerns about a child or family, will be reported to the children’s social care team in the same way as other types of physical abuse.

 More information:

* Safeguarding children at risk of abuse through female genital mutilation:

<http://www.londonscb.gov.uk/procedures/supplementary_procedures.html>

* NSPCC **:** <https://www.nspcc.org.uk/...and.../female-genital-mutilation-fgm/fgm-facts-statistics/>
* FORWARD: <http://www.forwarduk.org.uk/key-issues/fgm>
* Kingston and Richmond LSCB:

[http://kingstonandrichmondlscb.org.uk/practitioners/domestic-violence-and-abuse-131/female-](http://kingstonandrichmondlscb.org.uk/practitioners/domestic-violence-and-abuse-131/female-genital-mutilation-138.php) [genital-mutilation-138.php](http://kingstonandrichmondlscb.org.uk/practitioners/domestic-violence-and-abuse-131/female-genital-mutilation-138.php) & [http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-](http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/female-genital-mutilation-policy-203.php) [procedures-87/female-genital-mutilation-policy-203.php](http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/female-genital-mutilation-policy-203.php)

**Domestic Abuse / Honour Based Abuse / Forced Marriages**

We look at these areas as a child protection concern. Please refer to the separate policy for further details on this.

**Lesbian, gay, bisexual and transgender (LGBT)**

Children and young people can identify themselves as lesbian (women attracted to women), gay (men attracted to men), bisexual (people who are attracted to both men and women), transgender (people who see their gender identity as different from the one ascribed to them at birth) or transsexual (people who take steps to change their gender e.g. through clothing, hormone therapy or surgery).

LGBT children and young people may experience discrimination, prejudice and bullying, become victims of hate crime and suffer serious harm through physical, sexual, emotional abuse and/or neglect. Research indicates that children and young people unsure about their sexual orientation or gender identity or unable to disclose their sexual orientation or gender identity to their families or social support networks are more vulnerable to sexual exploitation, depression, self-harm and/or involvement in substance misuse. In some communities, they may be also more vulnerable to forced marriage or honour based violence.

 More information: Stonewall: [www.stonewall.org.uk](http://www.stonewall.org.uk/) [https://www.stonewall.org.uk/sites/default/files/an\_introduction\_to\_supporting\_lgbt\_young\_peo](https://www.stonewall.org.uk/sites/default/files/an_introduction_to_supporting_lgbt_young_people_-_a_guide_for_schools_2015.pdf) [ple\_-\_a\_guide\_for\_schools\_2015.pdf](https://www.stonewall.org.uk/sites/default/files/an_introduction_to_supporting_lgbt_young_people_-_a_guide_for_schools_2015.pdf)

Kingston and Richmond LSCB Website: <http://kingstonandrichmondlscb.org.uk/practitioners/lgbtqia-219.php>

**Missing Children**

Children who go missing from home or care place themselves, and sometimes others, at increased **risk of being harmed.**

Every missing episode warrants professional attention, and practitioners need to offer a consistent and coherent response to ensure the child is protected from harm.

The child may go missing from care, home or school because they are suffering physical, sexual or emotional abuse and / or neglect and decide to run away.

The London Child Protection Procedures define a child as ‘missing’ if their whereabouts are unknown, whatever the circumstances of their disappearance.

Children who are most vulnerable to going missing from care and home include those missing from school, looked after children and asylum-seeking children.

 More information:

London safeguarding procedures [http://www.londoncp.co.uk/chapters/ch\_miss\_care\_home\_sch.html?zoom\_highlight=missing+chil](http://www.londoncp.co.uk/chapters/ch_miss_care_home_sch.html?zoom_highlight=missing%2Bchildren&intro) [dren#intro](http://www.londoncp.co.uk/chapters/ch_miss_care_home_sch.html?zoom_highlight=missing%2Bchildren&intro)

Kingston and Richmond LSCB Website:

[http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/Richmond%20&%20Kingston%20LS](http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/Richmond%20%26%20Kingston%20LSCB%20joint%20Handbook%20for%20safeguarding%20missing%20children%20March%202017.pdf) [CB%20joint%20Handbook%20for%20safeguarding%20missing%20children%20March%202017.pdf](http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/Richmond%20%26%20Kingston%20LSCB%20joint%20Handbook%20for%20safeguarding%20missing%20children%20March%202017.pdf)

**Child sexual exploitation (CSE)**

*Keeping Children Safe in Education (2020)* describes CSE as: CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person’s immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

Signs and indicators may include:

* Physical injuries such as bruising or bleeding
* Having money or gifts they are unable to explain
* Sudden changes in their appearance
* Becoming involved in drugs or alcohol, particularly if you suspect they are being supplied by older men or women
* Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
* Using sexual language that you wouldn’t expect them to know
* Engaging less with their usual friends
* Appearing controlled by their phone
* Switching to a new screen when you come near the computer
* Nightmares or sleeping problems
* Running away, staying out overnight, missing school
* Changes in eating habits
* Talk of a new, older friend, boyfriend or girlfriend
* Losing contact with family and friends or becoming secretive
* Contracting sexually transmitted diseases.

Sexually exploited children commonly have low self-esteem and typical vulnerabilities include: living in a chaotic or dysfunctional household, history of abuse, living in residential care or supported accommodation; recent bereavement or loss; learning disabilities; homelessness; attending school or association with children who are being exploited; gang association

Sexually exploited children also suffer physical and emotional abuse and, often, neglect.

Professionals should be aware that sexually exploited children are rarely visible on the streets, and grooming children for abuse via the internet has contributed to the invisibility of the sexual exploitation of children.

 More information:

Kingston and Richmond LSCB Website:

<http://kingstonandrichmondlscb.org.uk/practitioners/child-sexual-exploitation-132.php> [https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-](https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners) [practitioners](https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners)

Kingston and Richmond LSCB Website:

[http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/child-sexual-](http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/child-sexual-exploitation-88.php) [exploitation-88.php](http://kingstonandrichmondlscb.org.uk/news-resources/policies-and-procedures-87/child-sexual-exploitation-88.php)

**Contextual safeguarding**

Children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered. Under the Counter- Terrorism and Security Act 2015.

**Child Criminal Exploitation (CCE)**

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Some of the following can be indicators of CCE:

* Children who appear with unexplained gifts or new possessions;
* Children who associate with other young people involved in exploitation;
* Children who suffer from changes in emotional well-being;
* Children who misuse drugs and alcohol;
* Children who go missing for periods of time or regularly come home late; and
* Children who regularly miss school or education or do not take part in education.

If staff have any concerns regarding CSE or CCE, they will be reported in the usual way.

**Gangs and serious youth violence**

Defining a gang is difficult, however it can be broadly described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a distinct group for whom crime and violence is integral to the group’s identity.

A child who is affected by gang activity or serious youth violence can be at risk of significant harm through physical, sexual and emotional abuse. The risk or potential risk of harm to the child may be as a victim, a perpetrator or both – in relation to their peers or to a gang-involved adult. There is evidence of a high incidence of rape of girls who are involved with gangs.

One factor which influences a child’s propensity to imitate violence is parenting which is permissive and neglectful, resulting in a lack of guidance and creating ineffectiveness and poor self-control for a child. The child is then not equipped to resist an environment or group which instigates violence.

The factors which influence a child’s propensity to initiate violence include: parenting which is cold / uncaring, non-nurturing and neglectful or one that includes harsh disciplining; maltreatment; trauma. **County lines** is the organised criminal distribution of drugs from the big cities into smaller towns and rural areas using children and vulnerable people. The main county line gangs operate from London and Liverpool, but other groups work out of Birmingham, and Manchester. The influence of county lines is nationwide. Metropolitan Police have found gang members from Islington in 14 different police areas.

 **Information video** [https://www.safeguardinginschools.co.uk/county-lines /](https://www.safeguardinginschools.co.uk/county-lines/) [https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-](https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines) [adults-county-lines](https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines)

More information:

Safeguarding children affected by gang activity / serious youth violence: <http://www.londonscb.gov.uk/procedures/supplementary_procedures/>

The National Crime Agency (NCA) describe county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of ‘deal line.’ Customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes.

Signs and indicators to be aware of include:

* Changes in the way young people you might know dress
* Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
* Missing from home or schools and/or significant decline in performance
* New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
* May be carrying a weapon
* Receiving more texts or calls than usual
* Sudden influx of cash, clothes or mobile phones
* Unexplained injuries
* Significant changes in emotional well-being
* Young people seen in different cars/taxis driven by unknown adults
* Young people seeming unfamiliar with your community or where they are
* Truancy, exclusion, disengagement from school
* An increase in anti-social behaviour in the community
* Unexplained injuries
* Gang association or isolation from peers or social networks.

**Cuckooing**

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing, often in multi-occupancy or social housing properties. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home.

If we recognise any of these signs, we will report our concerns as per our reporting process.

If staff have any concerns regarding county lines/cuckooing they will be reported in the usual way.

**Contextual safeguarding**-

As young people grow and develop they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures we will work in partnership with parents/carers and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

**Extremism – the Prevent Duty**

Under the Counter-Terrorism and Security Act 2015 we have a duty to safeguard at risk or vulnerable children under the Counter-Terrorism and Security Act 2015 to have “due regard to the need to prevent people from being drawn into terrorism and refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It’s a gradual process so young people who are affected may not realise what’s happening.

Radicalisation is a form of harm. The process may involve:

• Being groomed online or in person

• Exploitation, including sexual exploitation

• Psychological manipulation

• Exposure to violent material and other inappropriate information

• The risk of physical harm or death through extremist acts

We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

**Online Safety**

We take the safety of our children very seriously and this includes their online safety. Please refer to the Online Safety policy for further details.

**Human Trafficking and Slavery**

Please refer to our Human Trafficking and Slavery policy for detail on how we keep children safe in this area.

**Adult sexual exploitation**

As part of our safeguarding procedures we will also ensure that staff and students are safeguarded from sexual exploitation.

**Up skirting**

Up skirting involves taking a picture of someone’s genitals or buttocks under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual. This is a criminal offence and any such action would be reported following our reporting procedures.

**Child abuse linked to faith or belief (CALFB)**

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

* Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
* The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
* Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
* Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

* More information:

National action plan to tackle child abuse linked to faith or belief, DfE 2012: [https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-](https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-) [to-faith-](https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-)or-belief

What is Witchcraft Abuse, AFRUCA (focus on African communities): [http://www.west-](http://www.west-info.eu/files/What-is-witchcraft-abuse1.pdf) [info.eu/files/What-is-witchcraft-abuse1.pdf](http://www.west-info.eu/files/What-is-witchcraft-abuse1.pdf)

London Child Protection Procedures<http://www.londoncp.co.uk/chapters/spirit_possession.html> NSPCC, Safeguarding children and young people within faith settings (2016): [https://www.nspcc.org.uk/what-we-do/news-opinion/safeguarding-children-young-people-faith-](https://www.nspcc.org.uk/what-we-do/news-opinion/safeguarding-children-young-people-faith-settings/) [settings/](https://www.nspcc.org.uk/what-we-do/news-opinion/safeguarding-children-young-people-faith-settings/)

**What to do if you think a child is being abused**

If you think a child/young person is being abused, inform your Designated Safeguarding lead (or Deputy if DSL unavailable) who should contact the

Single Point of Access (SPA) on: 020 8547 5008 without delay

or Emergency Duty Team during out of hours for evenings and weekends: on 0208 770 5000

In emergencies/if immediate action is required call the Police on 999.

**Reporting Procedures**

It is **your responsibility** as the referrer to ensure that your referral has been received and recorded by the Children’s Single Point of Access (SPA) Team.

Social workers then have a duty by law to investigate the situation or circumstances that have led to the referral. They will:

* Complete an assessment/child protection investigation and talk to the child/young person, family members and visit the family home;
* Contact all agencies that are directly involved with the child and ask them for information about the child's welfare; and
* In some situations, involve the police who also have a duty to investigate circumstances where it is believed a child has been harmed.

All staff have a responsibility to report safeguarding/child protection concerns and suspicions of abuse. These concerns will be discussed with the designated safeguarding lead (DSL) as soon as possible.

* Staff will report their concerns to the DSL **Monika Suzanska,** [**office@happykidsface.com**](mailto:office@happykidsface.com) **or Monika’s mobile phones as all staff know Monika’s phone number** (in the absence of the DSL they will be reported to the Deputy DSL) Emelia Boyd Joseph (Millie)
* Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely
* For children who arrive at nursery with an existing injury, a form will be completed along with the parent’s/carers explanation as to how the injury happened. Staff will have professional curiosity around any explanations given, any concerns around existing injury’s will be reported
* If appropriate, any concerns/or incidents will be discussed with the parent/carer and discussions will be recorded. Parents will have access to these records on request in line with GDPR and data protection guidelines.
* If there are queries/concerns regarding the injury/information given, then the following procedures will take place:

The designated safeguarding lead will:

* Contact the Local Authority children’s social care team to report concerns and seek advice immediately, or as soon as it is practical to do so. If it is believed a child is in immediate danger, we will contact the police. If the safeguarding concern relates to an allegation against an adult working or volunteering with children then the DSL will follow the reporting allegations procedure (see below)
* Record the information and action taken relating to the concern raised
* Speak to the parents (unless advised not do so by LA children’s social care team)
* The designated safeguarding lead will follow up with the Local Authority children’s social care team if they have not contacted the setting within the timeframe set out in Working Together to Safeguarding Children (2018). We will never assume that action has been taken.

**Designated Safeguarding Lead**

We have named persons within the nursery who take lead responsibility for safeguarding and co-ordinate child protection and welfare issues, known as the Designated Safeguarding Leads (DSL), there is always at least one designated person on duty during the opening hours of the setting. The designated persons will receive comprehensive training at least every two years and update their knowledge on an ongoing basis, but at least once a year.

The nursery DSL’s liaise with the local authority children’s social care team, undertakes specific training, including a child protection training course, and receives regular updates to developments within this field. They in turn support the ongoing development and knowledge of the staff team with regular safeguarding updates.

The Designated Safeguarding Leads (DSL) at the nursery are: **Monika Suzanska, Emelia Boyd Joseph (Millie)**

**The role of the Designated Safeguarding Lead: Monika Suzanska**

* Ensure that the settings safeguarding policy and procedures are reviewed and developed in line with current guidance; and develop staff understanding of the settings safeguarding policies
* Take the lead on responding to information from the staff team relating to child protection concerns
* Provide advice, support and guidance on an on-going basis to staff, students and volunteers.
* To identify children who may need early help or who are at risk of abuse
* To help staff to ensure the right support is provided to families
* To liaise with the local authority and other agencies with regard to child protection concerns
* Ensure the setting is meeting the requirements of the EYFS Safeguarding and welfare requirements
* To ensure policies are in line with the local safeguarding procedures and details
* Disseminate updates to legislation to ensure all staff are kept up to date with safeguarding practices
* To manage and monitor accidents, incidents and existing injuries; ensuring accurate and appropriate records are kept
* Attend meetings with the child’s key person
* Attend case conferences and external safeguarding meetings, as requested, by external agencies.

**The Nursery safeguards children and staff by;**

* Providing adequate and appropriate staffing resources to meet the needs of all children.
* Informing applicants for posts within the nursery that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
* Giving staff members, volunteers and students regular opportunities during supervisions and having an open door policy to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as child protection plans for their own children.
* Requesting DBS checks on an annualbasis/or we use the DBS update service (with staff consent) to re-check staff’s criminal history and suitability to work with children at regular intervals.
* Abiding by the requirements of the EYFS and any Ofsted guidance in respect to obtaining references and suitability checks for staff, students and volunteers, to ensure that all staff, students and volunteers working in the setting are suitable to do so.
* Ensuring we receive at least two written references BEFORE a new member of staff commences employment with us.
* Ensuring all students will have enhanced DBS checks completed before their placement starts.
* Volunteers, including students, do not carry out any intimate care routines and are never left to work unsupervised with children.
* Abiding by the requirements of the Safeguarding Vulnerable Groups Act 2006 and the Childcare Act 2006 (amended 2018) in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern will be reported to the Disclosure and Barring Services (DBS).
* Having procedures for recording the details of visitors to the nursery and take security steps to ensure that that no unauthorised person has unsupervised access to the children.
* Ensuring all visitors/contractors are supervised whilst on the premises, especially when in the areas the children use.
* Staying vigilant to safeguard the whole nursery environment and be aware of potential dangers on the nursery boundaries such as drones or strangers lingering. We will ensure the children remain safe at all times.
* Having a Staff Behaviour Policy that sits alongside this policy to enable us to monitor changes in behaviours that may cause concern. All staff sign up to this policy too to ensure any changes are reported to management so we are able to support the individual staff member and ensure the safety and care of the children is not compromised.
* Ensuring that staff are aware not to contact parents/carers and children through social media on their own personal social media accounts and they will report any such incidents to the management team to deal with.
* Ensuring that all staff have access to, and comply with, the whistleblowing policy, which provides information on how they can share any concerns that may arise about their colleagues in an appropriate manner. We encourage a culture of openness and transparency, and all concerns are taken seriously.
* Ensuring all staff are aware of the signs to look for of inappropriate staff behaviour, this may include inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images. This is not an exhaustive list, any changes in behaviour must be reported and acted upon immediately.
* Ensuring all staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, child protection training, safeguarding concerns and any needs for further support or training.
* Having peer on peer and manager observations in the setting to ensure that the care we provide for children is at the highest level and any areas for staff development are quickly identified. Peer observations allow us to share constructive feedback, develop practice and build trust so that staff are able to share any concerns they may have. Concerns are raised with the designated lead and dealt with in an appropriate and timely manner.
* Ensuring the deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be put into action to ensure the safety of the child and the adult.

We also operate a Phones and Other Electronic Devices and Social Media policy, which states how we will keep children safe from these devices whilst at nursery. This also links to our Online Safety policy.

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the **nursery manager, owner, registered person** Monika Suzanska at the earliest opportunity.

**Early help services**

### *What to do if your concerns are not about abuse*

Sometimes concerns about a child/young person may not be about abuse. You may be concerned that a child/young person or family need some help in making sure all the child’s needs are met to address a particular problem or a family situation that may affect the child’s wellbeing in the future. Examples of this might be where a child is suffering due to poverty, difficulties at school, witnessing relationship breakdown in the home, needing support with a disability, etc. In these cases, where multi-agency helps, and support may be needed – the **Early Help Assessment (EHA) replacing the Common Assessment Form (CAF)** should be used*.*

An EHA enables professionals to efficiently identify the emerging needs of children and young people at risk of poor outcomes; it reduces duplication of assessment and improves involvement between agencies.

It is important to remember that even when your concerns are not about child’s safety you should **monitor the situation** and **keep a record of all actions** taken to support the child/family, including any observations and discussions with the child/family and/or professionals from your or other agencies. Your records can be crucial if the situation escalated in the future and action is required to safeguard the child. Your notes can also help your organisation learn from experience by allowing you to ‘go back’ and analyse what works well in your work with children and families.

Remember to keep all records confidential and secure. Only the Designated Safeguarding Lead and the Deputy DSL should have access to them.

**What is Early Help Assessment (EHA)? (*replacing the CAF*)**

The EHA is a shared **assessment and planning tool** to help us in our work with children, young people and families. The EHA is beneficial where children need the support of more than one agency to address their additional needs, or when their needs are not clear.

Using the EHA will help to provide effective co-ordinated support as early as possible. By working together, we can help children and families receive the right support to prevent a small need growing into a larger one.

How does it work?

The EHA is single holistic assessment which can support the identification of:

* Family’s needs
* Risk factors and strengths
* What support is needed to support better outcomes
* Supports the sharing of information
* Improve joint working and communication.

 To learn more about the Early Help Assessment

* + <http://www.kingstonandrichmondlscb.org.uk/practitioners/early-help-assessment-178.php>
  + The EHA which has been in use is available to download and submit on the AfC website.

<https://www.achievingforchildren.org.uk/early-help-assessment/>

**Dealing with Concerns about a child young person**

|  |
| --- |
| Staff/volunteer has concerns about a child/young person |

|  |
| --- |
| Staff/volunteer RECORDS concern/s (using recording log) & **REPORTS** concern/s to the Designated Safeguarding Lead/Deputy (Monika/Millie) |

|  |
| --- |
| **If an emergency situation arises dial 999 for an immediate response** |

|  |  |
| --- | --- |
| **Is there a risk of significant harm to the child?** | |
| **YES** | **NO** |
| Refer to the Children’s **Single Point of Access SPA** -for Kingston& Richmond:  020 8547 5008 without delay  (or Emergency Duty Team during out of hours: 020 8770 5000))  Remember to make a record of initial referral details (time, date, person spoken to).  **Follow up** your telephone referral **in writing** within the next 24 hours via the online referral form available on Kingston & Richmond websites   * You should receive a confirmation of referral from the SPA within 24 hours and feedback of decision within 72 hours | If you believe the child / the child’s family requires support, complete an early help assessment form **EHA** (Early Help Assessment) and send it to: Children’s Single Point of Access in Kingston and Richmond  You will need to obtain consent from the parent and the child (if 12 or older).  If the child/parents do not consent to a CAF and you are still confident that there is no risk of significant harm – monitor the situation and keep a written record of any observations or conversations with the child/family/your colleagues.  **Remember** you can always contact the SPA for help and advice |
| **Not sure?**  If you have any doubts about the level of need or risk, you are not sure whether you should be making a referral, or simply don’t know what to do, call the SPA in Kingston or Richmond. | |

**Allegations against Staff / Volunteers**

All concerns, complaints and allegations must be recorded and brought to the attention of the Designated Safeguarding Lead. There are circumstances when allegations are about bad

practice rather than child abuse. It is important that all allegations are investigated so that bad practice can be addressed.

If the information relates to the harm of a child/young person (or the risk, thereof) then the Designated Safeguarding Lead must contact the SPA requesting to speak with the **Local** **Authority Designated Officer (LADO) immediately** (no later than within one working day).

**The LADO Local** **Authority Designated Officer**

Every local authority has a LADO to whom allegations **must be reported** and with whom plans should be made about how matters are progressed. The LADO is a senior member of staff who:

* + Liaise with the police and other agencies, including Ofsted and professionals’ bodies, such as the General Medical Council.
  + Monitor the progress of referrals to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.
  + Provide oversight of the investigative process through to its conclusion.
  + Chair LADO Strategy Meetings and establish an agreed outcome of the LADO investigation.
  + Facilitate resolution to any inter-agency issues.
  + Liaison with other Local Authority LADOs where there are cross boundary issues.
  + Collect strategic data and maintain a confidential database in relation to allegations.
  + Disseminate learning from LADO enquiries

Though allegations of abuse can be made to anyone in an organisation, it is the role of the Designated Safeguarding Lead to take these forward and to be the link between the organisation and the LADO until the matter is resolved.

It is important to bear in mind that children/young people can be abused in all kinds of settings and therefore all allegations must be taken seriously. **They should not be ignored but should be acted on immediately.**

Role of staff member/volunteer to whom allegation is made

Allegations may be made directly by the child/young person, a parent, a friend of the child or indeed by another staff member/volunteer. It is important to listen to what is said, to reassure the person that what they have said will be taken seriously but that you need to report the matter to the person nominated to deal with such matters.

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| **Allegations against Staff / Volunteers** |

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| **You have become**  **aware that a staff member/volunteer may have:**  Behaved in a way that has **harmed** a child, or may have harmed a child;   * Possibly committed **a criminal offence** against or related to a child; and/or * Behaved towards a child or children in a way that indicates they are **unsuitable to work with children** |
| The child and/or alleged abuser **MUST NOT** be questioned but a record must be made of what has been reported |

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| **Report immediately to your Designated Safeguarding Lead (DSL)** | | |
| DSL or staff member to **contact the Local Authority Designated Officer (LADO) without delay via SPA.**  Police should be contacted in an emergency; | DSL ensure the child/young person is safe and comfortable. Allow them to continue activity if appropriate | DSL **agree with the LADO** arrangements for informing parents and carers and the next course of action |

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| **Is the person, against whom the allegation is made, still at work?** | |
| **YES**  Decide with the LADO whether to remove the person from the situation (i.e. suspend them). In agreement with the LADO, explain to the person that there has been a complaint/allegation (but do not provide the details of the complaint/allegation) | **NO**  Makes sure the LADO is aware that the person is no longer at work.  **The LADO will then take steps** to ensure any other agencies/settings where the person may have access to children are informed; |

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| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for review** |
| *April 2022* | Monika Suzanska | *April 2023* |